

## **REMARKS**

Claims 1 and 3-52 are pending. Claim 2 is currently canceled. Claims 1, 17, 34, and 42 are currently amended. Reconsideration of the application is requested.

### **Rejections Under 35 USC § 112**

Claim 2 is rejected under 35 USC § 112, second paragraph, as being indefinite for failing to point out and distinctly claim that which Applicant regards as the invention.

Claim 2 has been cancelled rendering the above rejection moot. Accordingly, Applicants respectfully request that the above rejection be withdrawn.

### **Rejections Under 35 USC § 102(b)**

Claims 1-9, 16-25, 33-39, 41-48 and 52 are rejected Under 35 USC § 102(b) as being anticipated by Mouchawar et al. (US 6,345,200).

The invention as now claimed in claim 1 is a method comprising accessing patient medical information of a clinical information system with a medical device programmer, interrogating the medical device with the medical device programmer to obtain operational information and sensed physiological parameters from the medical device, providing an interface by which a programming operator interacts with the medical device programmer to identify a programming parameter value based on the patient medical information, the operational information, and the sensed physiological information, and programming a medical device with the medical device programmer in accordance with the programming parameter value.

The invention as now claimed in claim 17 is a system that comprises a programmable medical device that delivers a therapy to a patient, a clinical information system that stores patient medical information, a medical device programmer that accesses patient medical information of the clinical information system and interrogates the medical device to obtain operational information and sensed physiological parameters from the medical device and provides an interface by which a programming operator interacts with the medical device programmer to identify a programming parameter value based on the patient medical information, the operational information, and the sensed physiological information.

The invention as now claimed in claim 34 is a programming device that comprises a medical information interface by which the programming device accesses patient medical information of a clinical information system and interrogates the medical device to obtain operational information and sensed physiological parameters from the medical device and a user interface by which a programming operator interacts with the programming device to identify a programming parameter value based on the patient medical information, the operational information, and the sensed physiological information.

The invention as now claimed in claim 42 is a computer-readable medium comprising instructions to cause a processor to access patient medical information of a clinical information system and interrogate the medical device to obtain operational information and sensed physiological parameters from the medical device with a medical device programmer, provide an interface by which a programming operator interacts with the medical device programmer to identify a programming parameter value based on the patient medical information, the operational information, and the sensed physiological information and program a medical device with the medical device programmer in accordance with the programming parameter value.

Mouchawar et al. discloses a method for determining the defibrillation threshold (DFT) for a patient and to determine an optimal implantation configuration for an implantable cardioverter fibrillator (ICD). The disclosed method uses a programmer to correlate patient specific information with a predictive database that contains DFT information for a patient population. The disclosed programmer applies the patient information to the stored patient population data and determines the expected DFT for the patient and the optimal implantation configuration for the ICD.

Mouchawar et al. is silent with regard to interrogating the implanted device for operational information and sensed physiological parameters and identifying a programming parameter value based on the patient medical information, the operational information, and the sensed physiological information. For at least this reason, Mouchawar et al. does not anticipate the invention as now claimed in independent claims 1, 17, 34, and 42, and any claims that depend from these claims. Accordingly, Applicants respectfully request that the above rejection be withdrawn.

#### **Rejections Under 35 USC § 103(a)**

Claims 1-15, 26-30, 32, 40, and 49-51 are rejected under 35 USC §103(a) as being unpatentable over Mouchawar et al. in view of Snell (US 6,249,705).

Applicants have discussed Mouchawar et al. above with respect to the independent claims as now recited.

Snell discloses a network system for use with implantable medical devices (IMD). The system includes network programmers for programming an IMD and receiving information from the IMD. The system also includes a network server located remotely from the network programmers. The network server is used for data analysis, data storage, and providing software updates to the network programmers. Snell desired to provide a system where the network programmers provided only essential functions directed to device programming, that is, were simple, and inexpensive, and where multiple simple programmers

could leverage the network server's processing power to perform more complex operations.

Snell is also silent with regard to interrogating the implanted device for operational information and sensed physiological parameters and identifying a programming parameter value based on the patient medical information, the operational information, and the sensed physiological information. For at least these reasons, the above combination of references does not render the invention as now claimed obvious.

Accordingly, Applicants respectfully request that the above rejection be withdrawn.

In view of the above, it is submitted that the application is in condition for allowance. Examination and reconsideration of the application as amended is requested.

Should any issues remain outstanding, the Examiner is urged to telephone the undersigned to expedite prosecution. The Commissioner is authorized to charge any deficiencies and credit any overpayments to Deposit Account No. 13-2546.

Respectfully submitted,

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/Scott A. Bardell/  
Scott A. Bardell, Reg. No. 39,594  
Telephone: (763) 526-1640  
Customer No. 27581